

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012649

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Keytesville, Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Keytesville 0210</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2-Miles N. of Keytesville</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>2-Miles N. of Keytesville</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Theron Mason</b>				4. DATE OF DEATH Month Day Year <b>April 20-1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 15th, 1891</b>	
9. AGE (In years) <b>67</b>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Keytesville Twp. - Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Mason</b>		13b. MOTHER'S MAIDEN NAME <b>Adra Kelson</b>		14. NAME OF HUSBAND OR WIFE <b>Olive G. Mason</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-10-1952</b>		17. INFORMANT Address <b>M rs. Myrtel Chapman K.C. Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>						INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Not at all</b> , to _____ and last saw him alive on <b>4/18/59</b> Death occurred at <b>10:30A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Carl C. Heger M.D.</b>				22b. ADDRESS <b>Keytesville Mo</b>		22c. DATE SIGNED <b>4/21/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 22, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Keytesville, Mo.</b>	
24. FUNERAL DIRECTOR <b>H. D. Garrett</b>		ADDRESS <b>Keytesville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/23/59</b>		26. REGISTRAR'S SIGNATURE <b>W. H. Howards</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....~~Student Embalmer No.~~..... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *H. D. Gammato* .....

Licensed Embalmer No. *3046*

P. O. Address *Key West*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.